
VA WNY Healthcare System Primary Care Pain Management Treatment Agreement

Please note that this document contains an example of a Primary Care Pain Management Treatment Agreement. It is currently being used within the VAWNY Healthcare system. It can be used as an example and modified for specific needs of particular clinic settings.

Pain Management Treatment Agreement

The goal of the primary care team is to work together with me, through medical, physical and behavioral approaches, to improve the quality of my life and improve my ability to function.

While under the care of the primary care team:

I will get all my medications from primary care staff only.

I will use medications as prescribed.

I will contact my primary care provider promptly if I need to

- ◆ stop a medication
- ◆ change a medication dose, or
- ◆ change the schedule of a medication

I will report any side effects of my medication to my primary care provider.

I will request medication renewals by telephone (999-9999) 3-5 days before my prescription runs out, unless I have made other arrangements in advance.

Prescriptions for my pain medications will not be refilled early, unless I have made special arrangements with my primary care provider in advance.

Lost or stolen prescriptions will not be replaced.

I will tell my primary care provider about any non-prescription drugs or remedies I am taking for my pain problem.

I will not drive motor vehicles for 72 hours after starting or increasing the dose of opioids or other sedating medications.

I will not use recreational drugs.

I will responsibly limit my use of alcohol.

I will not give my prescription medication to anyone else.

Medication or other therapies will be stopped if they are ineffective after a reasonable trial.

If I am unable to manage my medications according to this agreement, my provider may taper and stop some of my medications but will still help me with pain management in other ways.

I will be seen in the primary care clinic only with an appointment.

I will keep all my primary care clinic appointments and will call 24 hours in advance if I need to cancel.

If I repeatedly fail to keep clinic appointments, I will be compromising my own care.

If I need emergency care, I will contact the triage nurse and, if necessary, go to the VA emergency room.

Primary Care Pain Management Treatment Agreement (continued)

If I am seen in the emergency room or admitted to the hospital, I will ensure that primary care team is notified.

I may be asked to answer surveys about my pain, mood, and activity as part of my pain treatment.

I may be asked for random urine samples for drug testing.

I may be asked to make specific changes in my lifestyle and my activities at home.

I may be asked to participate in a full range of medical, physical, behavioral and educational therapies recommended by the treatment team.

I will be respectful and courteous toward clinic staff, and I will be treated by staff with courtesy and respect.

I will contact the primary care team during regular business hours at **999-9999** if I have concerns about my pain treatment or other services to which I have been referred by the primary care team.

My signature below indicates that I understand and agree to these terms for my pain management in the primary care clinic.

Print name

Last four digits of Social Security number

Signature

Date